TI_ANSMITTAL OF PAYMENT O	Doci	Docket No.							
<u> </u>	· (37 C.F.R. 1.311) O P E 43								
Applicant(s): Andre R. VINCELETTE									
Application No. Filing Date	Examina HADEAN	ustomer No.	Group Art Unit	Confirmation No.					
10/814,129 April 1, 2004	Michael J. STAHL	28291	2874	8097					
Invention: PACKAGE FOR TEMPERATUR	E SENSITIVE OPTICA	L DEVICE							
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450									
Transmitted herewith are the following for the ☑ Issue Fee Transmittal Form PTOL-85	above-identified applica	tion.							
☑ Utility Fee: \$700.00 □ D	esign Fee:		Plant Fee:						
☑ Publication Fee: \$300.00				· 					
△ A check in the amount of \$1 000.00 is attached.									
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(Date)		(Date)	_·						
Signature		Signature of Per	son Mailing Correspo	ndence					
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PART B - FEE(S) TRANSMITTAL

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28291 7	590 10/26/200	6	na		of mailing or transmission.			
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		The state of the s	BARRANTE			(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	<u> </u>	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/814,129	04/01/2004		Andre R. Vincelette		86200-13	8097		
TITLE OF INVENTION: £	ACKAGE FOR TEMPE	RATURE SENSITIV	E OPTICAL DEVICE					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/26/2007		
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS]				
STAHL, MIC		2874	385-037000	•	1001/8/08 100 1	3127 (717 18614 129		
1. Change of correspondent CFR 1.363).	ce address or indication of	"Fee Address" (37	2. For printing on the			72 02.0		
Change of correspon	dence address (or Change		(1) the names of up to or agents OR, alternate	o 3 registered patentively,	t attorneys	* 1 * * * * * * * * * * * * * * * * * *		
Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" In- or more recent) attached.	dication form Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO	BE PRINTED ON	THE PATENT (print or t	pc)				
PLEASE NOTE: Unles	s an assignee is identified	below, no assignee	data will appear on the	atent. If an assign	ee is identified below, the d	ocument has been filed for		
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Advance Order - # c	Copies		The Director is hereboverpayment, to Dep	y authorized to char	ge the required (ec(s), any de	ficiency, or credit any n extra copy of this form).		
5. Change in Entity Status								
	SMALL ENTITY status. S				LL ENTITY status, See 37 CI			
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Aumorized Signature _	Seph		Date December 5, 2006					
Typed or printed name	Stephan P. Geor	giev		Registration N	lo. 37,563			
Alexandria, Virginia 22313	-1450.	DI SEND FEES OK	COMPLETED FORMS	O THIS ADDRESS	the public which is to file (and minutes to complete, includin mments on the amount of tir Trademark Office, U.S. Dept S. SEND TO: Commissioner displays a valid OMB control	for Patents, P.O. Box 1450,		